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Bib Data Sheet

CONFIRMATION NO. 2236

SERIAL NUMBER 10/730,443	FILING DATE 12/08/2003 RULE	CLASS 341	GROUP ART UNIT 2819	ATTORNEY DOCKET NO. 2003P54210US/1331.124.101
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APPLICANTS

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** CONTINUING DATA *****

N/A ⊕

** FOREIGN APPLICATIONS *****

N/A ⊕

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/10/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 6	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Signature <i>am Ma</i> Initials <i>⊕</i>				

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TITLE

Chip to chip interface ✓ ⊕

FILING FEE RECEIVED 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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